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BIBDATASHEET

Bib Data Sheet

CONFIRMATION NO. 2975

SERIAL NUMBER 09/672,829	FILING DATE 09/29/2000 RULE	CLASS 705	GROUP ART UNIT 3626	ATTORNEY DOCKET NO. P65973US0
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APPLICANTS

Cathal McGloin, Dublin, IRELAND;

Raymond McGloin, Dublin, IRELAND;

** CONTINUING DATA *****

352

None

** FOREIGN APPLICATIONS *****

IRELAND PCT/IE00/00074 06/08/2000

IRELAND 990665 08/03/1999

352

verified

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 12/06/2000

Foreign Priority claimed	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	<i>352</i> Examiner's Signature	Initials	8	15	2

ADDRESS

136
JACOBSON HOLMAN PLLC
400 SEVENTH STREET N.W.
SUITE 600
WASHINGTON , DC
20004

TITLE

Performance management system

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
RECEIVED		



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Bib Data Sheet

SERIAL NUMBER 09/672,829	FILING DATE 09/29/2000 RULE	CLASS 709	GROUP ART UNIT 2151	ATTORNEY DOCKET NO. P65973US0
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APPLICANTS

Cathal McGloin, Dublin, IRELAND;
 Raymond McGloin, Dublin, IRELAND;

None *(07)*

**** CONTINUING DATA****** FOREIGN APPLICATIONS**

PCT/IE00/00074 06/08/2000
 IRELAND 990665 08/03/1999

**IF REQUIRED, FOREIGN FILING LICENSE
GRANTED ** 12/06/2000****** SMALL ENTITY ****

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY IRELAND	SHEETS DRAWING 8	TOTAL CLAIMS 15	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>R. B.</i> Examiner's Signature	Initials <i>CB</i>			

ADDRESS

136

TITLE

Performance management system

FILING FEE RECEIVED 345	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit